

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 15594Registration District No. 297Primary Registration District No. 4446Registrar's No. 7

## 1. PLACE OF DEATH:

(a) County Ray  
 (b) City or town Hardin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME William H. Bailey

3. (b) If veteran, name war No. 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nancy E. Bailey 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 1, 1878  
 (Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 10 If less than one day  
 hr. min.

9. Birthplace Newport Tenn.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Trucking

11. Industry or business

MOTHER FATHER { 12. Name Jackson Bailey  
 { 13. Birthplace Newport Tenn.  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Saffran Newcom  
 { 15. Birthplace Newport Tenn.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nancy E. Bailey(b) Address Hardin. Mo.

17. (a) Burial (b) Date thereof April 13, 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lavelock Cemetery18. (a) Signature of funeral director W. H. H. H.(b) Address Richmond. Mo.

19. (a) 4/13 1944 (b) Miss M. W. Sheppard  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
 (c) City or town Hardin  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
 year 1944 hour 11 minute 25 A. M.

21. I hereby certify that I attended the deceased from years ago  
April 11, 1944  
 that I last saw him alive on April 11, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Carl H. Reed (M. D. or other) Hardin Mo.  
 Address \_\_\_\_\_ Date signed 4/13/44

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 5-11-74

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, W. H. H.

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

W. H. H.

Licensed Embalmer No. 2073

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.